

Born in Cleveland  YES  NO

THE CLEVELAND MUSEUM OF ART

**THE FORTY-FIFTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE**

MAY 8 to JUNE 16, 1963

PLEASE  
LETTER  
PLAINLY  
OR TYPE

**Collaborator if any** \_\_\_\_\_

## Artist

Ann

**FIRST NAME**

Johnston

LAST NAME

Address "Hillbrook"- County Line Rd - Chagrin Falls - Geauga  
NO.      STREET      CITY      ZONE      COUNTY

NO. STREET

CITY

ZONE E

COUNT

Tel. CH 77000

Out-of-town residents should state whether return shipment is required.  YES  NO

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

NUMBER FOR  
SALE      NUMBER IN  
EDITION  
(Graphic Prts.)      PRICE      TITLE      MEDIUM      CLASS      DO NOT WRITE IN  
THESE COLUMNS

**SUBMIT ENTRY BLANK NO LATER THAN MARCH 11, 1963.**

Use second blank if required

**IMPORTANT**

This entry blank must be fully made out, (typewritten or plainly printed) and signed.  
Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Ann Johnston

**SIGNATURE**